The JOURNAL of the NATIONAL ASSOCIATION of CHIROPODISTS and PEDIC ITEMS

THE OFFICIAL PUBLICATION OF THE PROFESSION

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(Chartered by the Regents of the University of the State of N. Y.)

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The Journal of the National Association of Chiropodists, published monthly by the National Association of Chiropodists. Publication Office, 470 Atlantic Avenue, Boston, Mass. Subscription price, $5.00 per year. Single copies, 50 cents. Entered as Second Class Matter, February 3, 1912, at the Post Office, New York, N. Y., under the act of March 3, 1879, and additional entry at Boston, Mass., authorized March 27, 1934.

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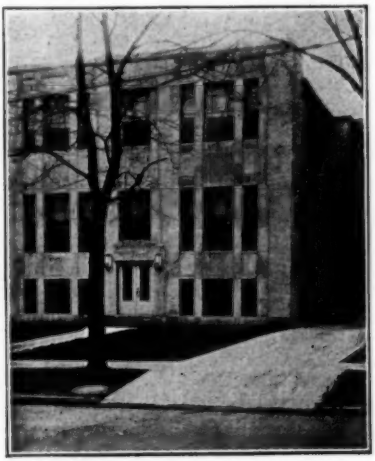

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WHY JOIN THE N.A.C.?
Membership is a Duty and Promotes Progress.

Build Me Strong, O Worthy Master

BUILD US STRONG, yes, that is our need. I am but one, but I am needed to make us strong. I must cast aside my individual thoughts for the benefit of my profession.

THE JOURNAL has not become a Biblical philosopher, it is merely saying again what has been said often and emphatically; it is merely saying that no one man should entertain the right to think that his one membership is not effective. Every single member is as important as every single joist and up-right in a building. Without any one of them, the structure is weakened materially and invites collapse. There is need for every single support we can have, to make our structure perfect; to make its stress or policy move forward with the proper structural backing and support. Yes, there is a job for every single practitioner which he and only he can perform since he cannot delegate that to someone else to carry double the burden. Scientifically and mechanically that is impossible. Until that practitioner is with us to do that job it can and will never be done completely.

Engineering masters of the world have performed wonders and apparent miracles, but every one of them had to follow the sound basic principles of stress and support. They have spent millions and burned up tons of midnight oil trying to find out how that structure can be built with less support. Every one of their dreams has been shattered in the testing laboratories of the world. The structure was either weak or it collapsed. Just so is the problem of your engineers, the National Association, and its affiliated state societies. When we have built according to sound Laws of Science we have always progressed but had to wait every once in a while for the additional needed joists and uprights to continue our building. This waiting retards progress so needed and so ever-present. The material is here but its use is not possible because it isn't all available. When we have tried to build without the necessary material we met the same fate that the master minds met. The difference is that their job is to produce the best for the least cost and in a large structure timber saved here and there materially reduces the cost. They build for a certain length of time. We must build immortally. We cannot even afford to build cheaply.

One needs only to read the various professional and commercial journals and trade papers to find what is constantly staring at us, inviting our destruction unless we can build strongly and without prejudice. One needs only to follow the courtship of commercial enterprise by quasi-professional enterprise to see what effort is being spent to break down that which the professional man has established beyond any doubt of merit. We need only to scan what economic traps have been set for a public uneducated to the need for proper foot care to realize that years of education can be discarded and cast aside in weeks of competitive enterprise. Our economic depression has jeopardized the future of every profession because they were not prepared to cope with it. They were not prepared to cope with it because they did not have the strong completed structure that was necessary and is now more necessary in order to rebuild. We as a young profession, with an incomplete structure have held out better than any,

. . . *Please turn to Page 30*

The JOURNAL
OF THE
NATIONAL ASSOCIATION OF CHIROPODISTS
AND PEDIC ITEMS

Published Under the Direction of the Council
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Vol. 27 MARCH, 1937 No. 3

Pes Planus — A Discussion as to its Pathology

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PHILADELPHIA, PA.

THE HUMAN FOOT although minute in comparison with various other body structures, represents nevertheless a microcosm in itself, which warrants a far more detailed consideration than it usually receives. It is an amazingly complex mechanism wonderfully adapted to its very important functions of propulsion, protection, support and shock absorption.

Before considering the actual deformity, which has been termed Pes Planus or "flat foot", and which may be briefly defined as a painful lowering of the longitudinal arch of the foot, with resultant malfunction, let us first observe the normal foot. The foot has been properly defined as a semi-cupola, which, when its medial border is brought in approximation with that of its complement, completes the dome. Specifically, the foot displays four arches: one longitudinal and three transverse. The transverse arches are of secondary importance here, and shall be dealt with accordingly. The first of the three is formed by the navicular, cuboid, and three cuneiform bones. It is quasi-imperfect, and serves as a pressure-free area for various plantar vessels and nerves, as well as adding in general to the elasticity of the foot. The second of the transverse arches is composed of the bases of the five metatarsals. It also adds in part to the foot's flexibility. The last and most distally situated transverse arch is that formed by the five metatarsal heads. This arch acts as a shock absorber for the distal part of the foot. It is evanescent, since it is obliterated on weight bearing. It will be noticed that with the exception of the first mentioned,

Read before the Sterling Honorary Anatomical Society, Temple University.

these transverse arches are all located in the distal part of the foot. This fact, together with the character of the fore-foot joints (i.e., predominantly of the ginglymus or "hinge" type), renders this area more flexible than the hind foot, and better adapts it to its prehensile action, which is so vital in the grasping of the plane of support for the purpose of furnishing the remainder of the foot with a fixed point over which it may act in the forward propulsion of the body.

The more important **longitudinal** arch is, for purpose of study usually segmented into two constituent arches. The first of these is the medial or internal longitudinal arch. It is formed by the unions of the calcaneus, talus, navicular, medial, middle, and lateral cuneiforms and the first, second and third metatarsal bones. This arch has two pillars, anterior and posterior. The former is composed of the heads of the three inner metatarsals. Authorities differ as to which of the three bones comprising this pillar is the most important. According to Whitman, the third bone is outstanding, and the first, since it is more under muscular control than is the third, cooperates with the fifth metatarsal in balancing the body weight and maintaining equilibrium and proper weight distribution during the variety of transient attitudes that the foot assumes throughout the period of its normal function. The posterior pillar of the medial arch (and, incidentally, of the lateral arch also)is the calcaneus.

A greater number of articulations, coupled with the fact that said articulations allow a greater range of motion, renders this arch more flexible and also more susceptible to strain than the lateral. Its superimposition on the lateral arch likewise predisposes it to strain. It is designed to carry the greater amount of the body weight only in running and rapid walking. The lateral division of the longitudinal arch consists of the calcaneus, cuboid, and two outer metatarsals. Its anterior pillar is comprised by the heads of the fourth and fifth metatarsal bones; its posterior by the calcaneus. The apex of this arch is at the top of the calcaneo-cuboid joint. Although this is a permanent arch, it does not appear as such upon weight-bearing. This is so because its proximity to the weight-bearing plane or plane of support, necessitates the pressing of the soft structures beneath it against the aforementioned plane with the natural result of an apparent flattening. The lateral arch is better suited to a supporting function than is the medial one. According to Steindler, "Examination of the intrinsic structure of the lateral arch reveals stress lines going forward from the os calcis to the cuboid and the outer metatarsals. It is therefore receiving static stresses from above and transmitting them back and forward to the anterior and posterior pillars."

The functions of the foot have been mentioned but briefly heretofore. We shall now consider them more in detail. As a protective medium, the foot acts in two ways: its arches protect the various plantar vessels and nerves by offering them an area that is free from pressure, and, since it acts in the capacity of a shock absorber, it is therefore a vital protective factor in safeguarding the other body structures, both bony and soft, against sudden or chronic jarring. In acting as a means of support, the contour of the foot undergoes a change. This change is the result of the body weight, together with gravity, acting upon the articulations of the foot so as to better fit it for its supportive medium. The significant change in shape when weight is borne is the eradication of the lateral curve of the medial border. This is caused by the inward and downward rotation of the talus upon the calcaneus. The body weight striking the talus necessitates this rotation, which

is checked by the various approximating ligaments, chiefly the plantar calcaneo-navicular or "spring" ligament, and to a lesser degree by the talo-calcaneal and the deltoid. The interlocking bones, chiefly the fibula, together with the flexor hallicus longus muscle, also aid in controlling the rotation. In this position, the head of the talus becomes prominent, the medial border of the foot is somewhat depressed, and the foot in general is in a position where it may obtain a maximum of support with a minimum of muscular exertion. This attitude shows a fixation of the lower extremity in general, and a tightening of pedal ligaments, which factors facilitate support. The pelvis moves backward until tension is brought to bear upon the anterior part of the capsule of the hip joint, and the femur rotates slightly outward on the tibia, which in turn falls slightly inward upon the everted foot. Flexion at the hip or a forward tilting of the pelvis is required to unlock the joints.

In functioning as a lever, the foot is held in such relation to the leg that the line of weight passing downward through the knee and ankle joints, is continued over the foot to a point approximately mid-way between the first and second toes. This leverage line, in the foot, has been termed the "humanoid" line, in contradistinction to the "anthropoid" or "primate" line (which passes through the middle of the third toe) of our arboreal ancestors. As the body is lifted over the fulcrum, the leg is turned outward in relation to the foot, and because of the fact that the inner side of the fulcrum (metatarsal 1) is longer and higher than its outer side, the majority of the weight stress is directed towards the outer and stronger side of the foot. In discussing the foot functioning as a lever in the propulsion of the body, it is perhaps apropos to make mention of the so-called "streams of force." Force, in the form of the body weight, when acting upon the foot is best considered as a body of water, rushing through the knee and ankle joints and as it strikes the foot, dividing into two streams, namely; the cuboid stream and the navicular or scaphoid stream. Most of the original body of water flows through the cuboid stream, the scaphoid receiving the greater amount only in running and rapid walking. Both streams have the same starting point, which is located at about the middle of the trochlear surface of the body of the talus, the first bone struck by the main stream as it enters the foot area, and the only direct weight bearing bone in this area. The real division of the original stream of force occurs at approximately the head of the talus. Here the cuboid and scaphoid streams come into being, and a smaller branch, which we shall term the calcaneal stream, enters the os calcis via the sustentaculum tali. This last stream, upon entering the heel bone, joins with some force stresses which passed into this bone when body weight first struck the foot, and together they are passed into the cuboid to join the cuboid stream, although a certain amount of their waters flow to the posterior outlet of the foot, the weight bearing portion of the calcaneus. At the cuboid, where the calcaneal and cuboidal streams blend, a small amount of force flows over the cuneiforms to blend with the scaphoid stream. The remaining waters of the cuboid stream are carried forward along the lateral border of the foot until they reach the base of the fifth metatarsal, where the action of the peroneus brevis muscle forces another part to cross the foot and join the scaphoid stream. The remainder of the cuboid stream also blends finally with the scaphoid by way of the metatarsal heads.

From the common starting point, the scaphoid stream flows forward along the inside of the foot until reaching the main outlet of both streams, which is located between the first and second toes, and here a blending of

the streams occurs. It is from this point that the excess "water" is distributed to the accessory outlets between the remaining toes.

FUNCTION OF MUSCLES

There are certain lower extremity muscles whose functions are vital to the play of the normal foot. These will now be discussed. The muscles which extend the foot (chiefly the triceps surae and the flexor hallicus longus) are of necessity larger than those which flex it, since they must propel the body forward, whereas the flexors merely raise the foot as it is advanced. This accentuates the statement that "the size of a given muscle is governed by the amount of work that it performs". Although not as large as some of the other foot extensors, the flexor hallicus longus possesses the marked advantage of being able to act at a point where the body weight has been converted into momentum. This factor equalizes the muscle with its larger associates. It has the additional action of supporting the medial arch at one of its weakest points; namely; immediately below the talus, medially. The tibialis anticus and posticus are the chief muscular support of the medial longitudinal arch. The extensor hallicus longus acts as an adjunct of the tibialis anticus in its action on the foot as a whole. That is, "it supports the internal border from above, and if unopposed, will elevate the inner border of the foot when acting in the capacity of a foot flexor."

The peroneus longus and revis act as supporters of the external longitudinal arch. The longus, in addition, binds the foot together and holds the great toe firmly fixed against the ground, thus indirectly supporting tne medial arch against direct pressure.

In the consideration of the pathology of Pes Planus, I wish to inculcate that there shall be no attempt herein to classify the degree of deformity. Instead, only the deformity in general shall be discussed.

A deformity of the foot refers more specifically to a functional impairment rather than to any prominent abnormal change in pedal morphology. Flat foot then, is not of pathological significance until it becomes a hindrance to normal foot function.

As before mentioned, the medial arch is more susceptible to strain than is the lateral. The reasons for this have been discussed in part and shall here be added to. The talus, a member of this arch, which is the only direct weight bearing bone in the foot, is situated in a rather precarious position atop the os calcis. This, coupled with the fact that in walking, the weight is transferred not directly downward, but rather downward and ***inward*** upon an already somewhat ***everted*** foot, renders the talus very susceptible to displacement. True, the talus is interlocked between the fibula and tibia, but it must be remembered that the articular surface for the tibia, medially, consists only of a narrow comma-shaped strip at the superior border of the talus' medial surface.

The keynote in the pathological song of flat foot is faulty position of the os calcis, and since this bone is a member of both long arches, it is quite obviously incorrect to represent Pes Planus as originating in any *specific* arch. This bone is very important in that it carries upon its anterior process the inner longitudinal arch, and at the same time is intrinsically associated with the lateral arch, as its tension trabeculae very clearly indicate. Thus its position subjects it to much stress and renders it a constant, potential danger point. Through traumatism, improper posture, a debilitating disease, or some other etiological factor, this bone is forced to evert. The talus attempts to simulate this outward roll

. . . *Please turn to Page 31*

Ionic Medication In Vaso-Spastic and Arthritic States

E. W. CORDINGLEY, D. S. C.
CLINTON, INDIANA

A METHOD OF TREATMENT which has been discussed frequently and favorably in medical journals, but which has not been given the attention it deserves in podiatry periodicals is ionic medication in vaso-spastic and arthritic states. By this is meant the transport of ions of certain drugs into the tissues through the instrumentality of the galvanic electric current. The process of so placing ions into the tissues was long referred to as phoresis, anaphoresis and cataphoresis, but of late the preferable term of iontophoresis has come to be quite generally adopted to describe this process or action. Franz Nagelschmidt, M.D., of Berlin and later of London, recognized the world over as one of the greatest authorities in the field of electrophysiotherapy, says, "There is a marked difference between the injection of a drug and ionization. If we inject substances they go into the interstitial spaces, but ions enter the protoplasm and are not as quickly eliminated."[1] Dr. Nagelschmidt adds, "After galvanizing a certain area of the skin the slightest inunction of a weak histamine-ointment produces a wheal formation especially under the anode while elsewhere it remains free."[2]

Kovacs noted improvement in 95% of his cases of rheumatoid arthritis,[3] while in a group of 52 cases of arthritides of all types reported by Abel [3a], relief was effected in all but seven cases.

Richard and Joseph Kovacs[4] list six typical cases of Raynaud's disease, two with definite ulcerations, and six cases of thrombo-angiitis obliterans, with prompt objective improvement in circulation and healing of ulceration.

Doane[5] reports the work of Deutsch[6] in 250 patients suffering from sciatica, chronic arthritis, arthralgias and muscle strain, Trumpp in cases of muscular rheumatism, lumbago, bursitis, myalgias and conditions resulting from prolonged immobilization for fractures and dislocations, and Villaret[8] in Raynaud's disease.

Two drugs have lately come into use in connection with iontophoresis, mecholyl (acetyl-beta-methyl-choline chloride) and histamine hydrochloride. While some authorities, notably Richard and Joseph Kovacs, express a preference for the former, others, including Doane and Kling, are partial to the latter. Kling[9] states, "Iontophoresis of histamine is superior to substitutes like massaging of histamine ointments, subcutaneous injections, and mecholyl iontophoresis."

The present writer's experience seems to bear out the statement of Kling relative to the superiority of histamine over mecholyl iontophoresis.

A recent case of phlebitis treated by the writer serves to emphasize the value of histamine hydrochloride iontophoresis in comparison with other measures of physical therapy. Mrs. N. W. measured 19 inches around the right calf—the unaffected leg—and 28 inches around the affected left calf. Physical therapy treatment consisting of short wave diathermy was begun on July 6, 1936, and 12 treatments were given up to July 31. Slight subjective but no objective improvement was noted. Then on Aug. 3 a compress consisting of four layers of gauze was saturated with histamine hydrochloride solution and wrapped completely around the foot and ankle, where the swelling was marked and

edematous. The positive pole of the galvanic generator was attached to this compress and the current allowed to flow for 20 minutes at 10 milliamperes. As a result, on Aug. 5, two days later, a reduction of calf measurement to 26 inches was effected. Treatment with histamine was repeated on Aug. 5, 7, and 10, and on Aug. 14 the calf measurement had decreased to 20½ inches. Subjective symptoms had improved to the extent that the patient does not now suffer any discomfort at her occupation which requires her to work the treadle on a sewing machine for several hours a day, and she can walk a mile and a half to and from work without hindrance.

Histamine hydrochloride is a vasodilating drug. Its technic of application is to soak a gauze or blotting paper compress with the solution and apply it to the area it is wished to affect. A suitable pad electrode attached by a conducting cord to the positive pole of a galvanic apparatus is then applied over the compress. The electrical circuit is completed by placing the negative electrode on some indifferent point upon the body, and the current is turned on at the rheostat until from 5 to 20 milliamperes register on the meter. The current is then allowed to flow for from ten to thirty minutes.

Usually a pronounced wheal will be found at the area where the histamine compress was used upon termination of treatment, and this wheal will persist for from one to five hours. It is evidence of marked capillary dilitation, in which state circulation is accelerated and the tissues are drained of their engorgement and are enabled to give up their accumulations of plastic exudates.

In the writer's experience fresh solutions produce the most pronounced wheals, although solutions that have been prepared for three months or longer seem to effect similar subjective and objective improvements as do the fresh solutions.

Histamine hydrochloride is effective in a 1:10,000 solution (one gram to ten liters of water), although stronger solutions are now being advised. We find that a 1:4,000 solution is particularly satisfactory, which can be prepared, roughly, by dissolving one gram of histamine hydrochloride in one gallon of water. Tap water has been found to be entirely satisfactory, while it possesses an advantage over distilled water in that it is a better conductor of electricity.

Both mecholyl and histamine will occasionally produce systemic reactions. This is more particularly true with mecholyl than with histamine, and in either case such reactions are extremely rare when iontophoresis is being employed so far away from the vital organs as the foot. If one were using iontophoresis around the upper trunk, then asthma and myocarditis are contraindications to its use. In an extensive use of histamine iontophoresis over a period of eighteen months the writer has noted a slight dizziness in only one patient, which quickly subsided, and in the same period he has had a number of cases of dizziness incident to operating a heloma or an onychocryptosis, and so there was a strong presumption that the dizziness in the one patient mentioned was due to mental apprehension and not to the histamine. One of our correspondents reports a sensation of giddiness in a patient incident to the use of galvanism without any vaso-dilating drug", while no doubt it has been common experience with other podiatrists, as it has with us, that an occasional patient will report a giddiness upon application of a high frequency glass vacuum treatment, purely a case of exaggerated imagination. As in surgical podiatry work, a good preventative of dizziness is to let the patient recline, rather than sit up, during the treatment.

The favorable case reports of the medical profession, coupled with the splendid results obtained with iontophoresis by those members of the podiatry profession who have employed this measure, suggest its distinct value in a number of pathologies of the lower extremity which our profession is called upon to treat.

REFERENCES

(1) Archives of Physical Therapy, X-Ray, Radium, Vol. XVII, No. 7, July, 1936.
(2) Ibid.
(3) Missouri State Medical Journal, Sept., 1935.
(3A) Ibid.
(4) Archives of Physical Therapy, Vol. XV, No. 10, Oct., 1934.
(5) Ibid.
(6) Deutsche med. Wchnschr. 58:827 (Quoted by Doane).
(7) Munchen med. Wchnschr. 78:1862 (Quoted by Doane).
(8) Bulletin and Memoirs of the Soc. Med. of the Hosp. of Paris. 50:465.
(9) Archives of Physical Therapy, Vol. XVI, No. 8, Aug., 1935.
(10) Dr. Jas. S. Sosa.

ASYMMETRY IN THE LENGTH OF THE LOWER EXTREMITIES AND THE ROLE OF THE PODIATRIST

SIDNEY HIRSCHBERG, Pod. G.
NEW YORK, N. Y.

THE PODIATRIST, with an earnest desire to increase the scope of his work in the field of podiatric orthopædics, has lost sight of an important and valuable factor in the treatment and diagnosis of orthopædic deficiencies, namely, asymmetry in the length of the lower extremities.

It is interesting to note, as one delves into literature on this subject, that while the various writers on orthopædic subjects agree that inequality of the lengths of lower extremities is not a rare condition, they also agree in devoting little space or material to aid the seeking podiatrist in his search for information which would shed light on the subject.

Volumes have been written on the subject of homology and symmetry. T. P. Salt (a mechanic of orthopedic appliances, 1867) brings out an interesting note: "The upper and lower limbs, the limbs which in adults are the most asymmetrical are quite symmetrical in the embryo."

Interesting points are made also by Jeffrie Wyman in his pamphlet published in 1867. He states: "Inequality of the two halves of the human body may be congenital but it is not usually noticed until adolescence."

The asymmetrical development of the seemingly symmetrical halves of the body is known. Most of the differences are in size. The podiatrist finds the greatest interest in the inequality of the lengths of the legs.

The causes of these differences in the length of the legs are varied. They may be congenital, possibly due to malposition in utero, or from faulty delivery technique at birth.

Disease plays an important role. Arrested development of the long bones due to poliomyelitis or osteomyelitis may be an etiologic factor in producing legs of unequal lengths.

Fractures of the leg bone are also a cause, as cited in "Growth arrest in long bones due to fracture which include the epiphysis", an article by Edward Compere in the J.A.M.A. 1935.

Tilting of the pelvis and scoliosis are also factors, as cited in other more recent articles.

These shortenings give rise to a variety of symptoms, most common of which is backache. Pain in one thigh, pain in the pelvic region, pain in the upper back, pain in the shoulder,

and even headaches are not uncommonly the result of a shortening of one leg.

Shortening of one leg, up to ½ inch is not a rare condition, despite the dearth of material on the subject.

In cases which are not visibly apparent and may be symptomless, the patient compensates for the shortening by the tilting of the pelvis and the consequent lowering of the shoulder on the affected side. Here, observation of the posture, in various attitudes, and careful observation of gait, with and without footgear, play a vital part in the examination in order to arrive at a satisfactory diagnosis.

It would seem that since the measurement of the length of the leg is such a simple matter, that a patient with even remote symptoms, would be measured. But from recent observations in the clinics and at lectures, such is not the case.

Dr. Anthony Bassler, noted gynecologist, in a lecture at the First Institute of Podiatry spoke of a case which has come to his attention. A woman of thirty, suffering from pain in the pelvic region was subjected to a series of operations for internal disorders, but found little relief. Finally, after being a victim of much surgical "gymnastics", it was discovered that she had a shortening of 1¼ inches in the length of one leg. The symptoms disappeared under proper treatment.

Another interesting case was noted at the Foot Clinics of New York. A woman of 50 was suffering from pain in the left knee and back. The routine weakfoot treatment offered no relief. Closer observation, at a later date, disclosed a shortening of more than one inch of the left leg. A proper shoe was prescribed and the patient's symptoms disappeared. (It must be noted that this patient had made the "rounds" of various hospitals in the city.)

The diagnosis of these shortenings is not difficult. Simple measurement is perhaps the best method. The measurements are made from the antero-superior spine of the ilia, to the internal malleolus, (Center of tip). Some orthopædists prefer to make their measurements from a less variable point, and use as the basis of their measurement, the sternum.

Philip Lewin, writing in the J.A.M.A., cites the importance of the triangle of Michaelis in cases of shortening. The careful observation of this triangle indicates the tilting of the pelvis. Leveling of the pelvis, states the article, often overcomes the shortening of one leg.

(The triangle of Michaelis is formed by the dimples at the posterior iliac spines, the terminal spinal groove and the beginning of the gluteal notch. Observation of this triangle is a useful test for pelvic balance.)

Treatment obviously is the equalization of the length of both legs by various methods.

This sounds quite simple, but there are various considerations. In listing these "Foot Orthopædics" (Schuster) makes mention of only three:

(1) Compensatory foot deformities and other skeletal changes.

(2) The weight of the contrivance.

(3) The financial status of the patient.

Vanity is another which may well be added.

"Normal variations" or very slight shortenings are easily equalized. The shoe of the affected side may be built up either on the outer side or the inner, or both. Cork is best suited for the building up process because of its lightness and strength.

The other shoe may be adjusted by removing lifts from the heel.

This method of adjusting the heels of the shoe must necessarily place the foot on the affected side in an equino position. Here enters nature's nemesis —vanity. The patient with a mild shortening would, generally, much rather suffer the equinas, than build up the entire shoe with the consequent conspicuousness.

In cases of shortening of more than one inch the treatment is of more serious consideration. Built up shoes (cork, braced with steel) and steel leg-braces are the logical choice.

In the previously cited case from the clinic, the shoe was built up with a cork filled sole, steel reinforced, and the lightness of the shoe amazed everyone who saw it. A good shoemaker is a valuable asset in the treatment of these cases.

A unilateral weakfoot, a casual question by a patient regarding sacroiliac pain, a unilateral talipes equinus should make the practitioner suspicious of a possible shortening.

Thus the importance of the role of the podiatrist becomes apparent. Unhindered by too great a knowledge of the causes of similar symptoms, it remains for him to aid in the diagnosis and treatment of this not uncommon condition by early recognition.

277 EAST 57TH STREET

CURRENT COMMENT

"Health Advice Should be as Free as Air and Water"

THE TITLE HERE QUOTED appears as that of an editorial by Bernarr Macfadden in his magazine called *Liberty*. Our old friend who used to exalt muscles is now worried because people let money creep into their affairs. He says "we have allowed business to creep into everything." He worries because there is business in religion and even romance is often commercialized. "There are women," he says, "who go into court and sue for breach of promise." He even mentions the fact that if a woman loses her husband as a result of romantic attraction from some other source there is often a suit for money damages! Now those familiar with newspaper records of old "bodylove" Macfadden's career in the courts devoted to marital upsets will realize that thus far he has been talking right out of his own experience. But he turns his attention next to the matter of health and disease and he insists that "the healers, whether osteopaths, chiropractors, or whatever they be—should be paid by the government." He doesn't like competition between various systems of doctoring. He thinks that with competition removed "all would work together for the purpose of making the patient healthy and strong." He says that "for more than fifty years" he has "been teaching health building and many of the simple procedures that have proved invaluable are not recognized by the public. People everywhere should have the advantage of these invaluable truths." O. K., Mr. Bernarr Macfadden! Why not use part of the magnificent Macfadden fortune, erected by the sale of physical culture hokum to the suckers who purchased the Macfadden courses, and the "dumbells" who purchased the dumb-bells and the nature cure addicts who purchased the nostrums—why not use that now to give away these marvelous truths and procedures to all the people? If health advice—even the kind of bad advice you have been selling—should be as free as air and water, why don't you give them yours instead of selling it? Maybe, after all, Mr. Macfadden, muscle and not mind or morals is your special field!

Jour. A. M. A.

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Non-member, you insure your valuable possessions by taking out fire, burglary or other insurance. A membership in the National Association of Chiropodists and its affiliated State Societies insures your most valuable asset—YOUR LIVELIHOOD—and every Chiropodist-Podiatrist who is not a member retards the progress of his profession.

The Foot of the Child

JOHN FRASER, M.C., M.D., F.R.C.S.E.,
EDINBURGH, SCOTLAND

IT IS OUR PRIVILEGE this month to put on permanent record and place before a wider public the lecture on "The Foot of the Child" given by Professor Fraser at the Edinburgh Convention. Mr. Fraser is one of the most distinguished surgeons in Scotland—he is honorary surgeon to the King—and his appreciation of the services of chiropodists in general is well known.

A careful study of his paper is incumbent on every chiropodist, and the intrinsic part of it may well be used by chiropodists to bring home to child welfare clinics and similar institutions the very urgent necessity of careful attention being paid to the feet of children. A new-born baby's feet are almost invariably perfect. Their condition after only a few years is a sad testimony of the colossal amount of ignorance and neglect there is in the care of the feet. On all those who have any responsibility for the health of the growing generation it cannot be too greatly stressed that the child's foot demands care and attention in every detail. "If we can do anything to maintain in some measure the perfection of the [original] model, it is a labor well worth the time," declares Professor Fraser.

From an Editorial in The Chiropodist.

In spite of the great advances which have been made in what I may call the porterage of mankind, we must rely in large measure upon the admirable mechanism with which Providence has endowed us, and it behooves us to give every care and attention to its conservation and its health. The foot of the new-born healthy child may be said to represent Nature's handiwork in its perfect and unspoiled form, adapted and adjusted and fully prepared for the long journey of three score years and ten—more or less.

But when we contrast that foot in all its perfection with one that has been a-journeying—shall we say—but twenty years, we are often distressed to find in how great measure ignorance and carelessness have marred the perfection and produced what is but a travesty of the original. If therefore, by insistence and example we can do anything to maintain in some measure the perfection of the model it is a labor well worth the time.

THE EVOLUTION OF THE FOOT

The story of the human foot is an interesting one from the point of view of evolution, and, though this is not the time to discuss any question of this kind in detail, I may be allowed to say one or two things about it in so far as they have a bearing upon the problem which we are discussing today.

Whatever views may be held on the great question of the origin of man, there can, I think, be no doubt that in the foot of the anthropoid apes, both pronograde and orthograde, we find a structure which bears many resemblances to the foot of man, and which may well have been the model from which the human foot has evolved.

The foot of that old friend (and it has a pedigree in comparison with which our bluest blood has but a purple hue) the Semnopithetic ape is not at all unlike your foot and mine, with the difference—and no doubt you will agree that it is a very radical one—that, in view of the fact that it spends its life upon the branches of a tree with its body parallel to the branch, it has to be provided with a foot that is capable of prehensile function to a degree equal to that of its hand, and so it has a hallux which is capable of great adductive powers, while its heel is raised through the medium of a plantaris muscle which, attached to the heel, is continued on the sole of the foot into what later becomes the plantar fascia of the human foot. The Semnopithecus, a native of Java, is the most ancient monkey of the old world, and there is evidence that it roamed in forests of the Niocene Period.

And next there comes the Gibbon ape, not quite so aristocratic in its lineage, but with an ancestry of some millions of years. Our particular interest in it lies in the fact that it was probably the first to assume the erect or orthograde attitude. In consequence the foot became adapted to the altered conditions of weight-bearing, and in this process the part which assumed immense importance was the heel. A raised heel is a drawback when there is serious footwork to be done, and I often wonder if the lady of fashion today realizes that when she indulges in the luxury of a Louis heel, she is but aping (forgive the pun) her great grandfather many times removed, Mr. Semnopithecus. At any rate, the Gibbon ape knew better, for, as soon as he adopted the erect position, he dropped his heel, and by this means the heel bone became one of the three great pivots of the weight-supporting foot. To the Gibbon, however, the erect attitude is but an occasional amusement, and so he retains his prehensile hallux and the long digits of a grasping foot.

The chimpanzee and the gorilla form the next link in the chain of evolution. As to their ability to stand erect there can be no doubt, and I suggest that any of you who are interested in the subject should accompany Bobo, of the Edinburgh Zoo, to one of his afternoon tea-parties, or, if you desire a more adventurous demonstration, try conclusions with a gorilla in the Highlands of Equatorial Africa. These two types of ape stand erect with a wonderful degree of efficiency, and they are enabled to do so on account of the adaptations which have appeared in the foot. And what are these adaptations? Mainly these: the heel bone is now massive and stable, the foot has acquired an arch in its longitudinal axis and the hallux or great toe has moved forward so as to come into line with the other digits, while at the same time it has acquired a strength and solidity greater than is to be found in the more original types.

Such is the summary of an age-long story, one which has taken literally millions of years in the telling, and you and I view the perfection of the result when we regard the foot of a baby, for it is as yet unblemished by the follies that will presently appear. As a matter of interest I ought to say that the story is by no means finished, for in the process of evolution there is no end, and the foot of mankind is altering and will continue to alter as it adapts itself to the conditions under which it has to act. In so far as man is in some measure the master of his fate, it ought to be his business to see that the changes which may appear are along lines which will result in the greatest measure of efficiency.

As I have said, the foot of a healthy child at birth is as a rule as perfect as Nature can make it. Its outline is that of a blunt-pointed wedge, the base being represented by the toes, the blunt apex by the heel. The inner edge is a straight line, the toe-tips are so arranged that there is a uniform

and gradual obliquity from the first toe to the fifth. It is particularly important to notice that in the perfect model there is no undue projection of any individual digit. Arches are present, both antero-posterior and metatarsal, and there is the sympathy and uniformity which is characteristic of Nature's handiwork.

SOME CONGENITAL ERRORS

It occasionally happens that even at birth the model is untrue. I am not referring to the gross errors of disease or deformity, but rather to those minor points which to the untrained eye may pass unnoticed, but which to those who know indicate the possibilities of trouble in the future. For example, in a certain proportion of baby feet the joints are unduly loose and the ligaments relaxed, and sometimes parents are just a little proud of the fact that the child is what they call "double-jointed." They seem to think that this bespeaks a state of affairs which in the future may permit a litheness which will lead to minor fame.

As a matter of fact, the accomplishment is an inconvenient one, for, if neglected, it may result in weakness rather than strength. The condition results from the fact that before the child was born the feet lay in such a position that the walls of the womb pressed upon the parts and the ligaments became stretched beyond the normal limits. In this class is to be found a type of mild calcaneus error, so that it is possible to dorsiflex the foot to an undue degree with a corresponding increase in prominence of the heel. In the same way, and often related to the calcaneus error, there is a type of congenital flat-foot, in which a stretching of the spring ligament of the foot permits what may seem an alarming laxity of the natural arches.

When these errors are pointed out to parents, or when they discover them for themselves, they are apt to take a serious view of the position, but this need not be so, for, if reasonable care be taken to prevent continuous stretching of the already lax tissue, a full measure of recovery may be anticipated.

It may be that an examination of the toes will reveal one of the most significant of the potential errors of the baby foot. I have said that in the perfect model there ought to be a uniform obliquity from the tip of the great toe to the fifth. Now, the evolution of the toes is an important one. I have already made allusion to it. At one stage in the life history of the foot the picture somewhat resembled that presented by the hand of man today; the third toe was the largest, while the hallux or great toe appeared on the median border of the foot in a position somewhat analogous to that occupied by the thumb of the human hand. As weight-bearing became more fully acquired, and the prehensile functions lost, the hallux crept forward, while the various secondary digits came to occupy the position in which we find them today.

Now, the practical point is this. Occasionally there is a lapse in the scheme of things—the perfect symmetry is lost, and one or the other of the toes, generally the second or third, projects beyond the normal limit. What we witness is an atavism—a throw-back to an earlier state, and, like all atavisms, it is apt to lead to trouble, for the disproportion of the toes, with the resulting disproportion of pressure by shoes and socks, lays the foundation for hammer-toe and similar errors.

These are some of the points which an examiner should note in the investigation of the state of a baby's foot.

THE CARE OF THE FOOT

What are we to say about the care of the child's foot? I am afraid it demands care and attention in every detail. To begin with we must assure ourselves that the child stands and

walks properly. If he or she fails to do so the weight-bearing functions of the foot may be disturbed so that errors of far-reaching importance are acquired.

When the normal child stands erect the attitude is somewhat as follows. The lumbar spine is moderately arched forwards in a position which is known as lordosis, the knees are straight and fully extended, and the position of the feet is such that the long axes point directly forwards or even a shade inwards. In this attitude the weight-bearing is transmitted through the bones of the leg to that portion of the foot which is best able to bear it, that is, in a line between the first and second metatarsal bones, while the position of the great toe ensures an efficient degree of balance. It sometimes happens (and I regret to say by no means infrequently) that our children acquire the habit of standing in an incorrect attitude, the principal error being that the feet are allowed to become everted or turned outwards, so that the weight-bearing is transmitted too far to the inner border of the foot, an attitude which leads inevitably to the development of flat-foot.

Of equal importance is the method of walking. If this manoeuvre is properly accomplished the routine is as follows. As the travelling foot reaches the ground contact is made between the heel and the ground, and as though acting upon a hinge, the body is carried forwards upon this fixed point. Meanwhile, the front portion of the foot comes into contact with the ground, but the actual weight-bearing is transmitted towards the inner side of the foot, and more particularly to the under-surface of the head of the first metatarsal bone and the great toe.

The contact made with the outer side of the foot is more a secondary matter and one of balance rather than of weight-bearing. As the body continues to move forwards the heel is raised from the ground, the metatarso-phalangeal joints are flexed, and—here is the important point—through a push-off movement transmitted by the great toe the body-weight is propelled further forwards in preparation for the next step.

Such is the mechanism, and you will observe that the heel and the great toe are the vital points in the fulfilment of efficient ambulation. But in walking or in standing, perfection is the exception rather than the rule, and in too many instances, instead of the foot being placed directly forwards or even slightly inwards so as to afford the great toe the opportunity of the most efficient service, it deviates outwards, with the result that weight-bearing comes too far inwards, while the action of the great toe is seriously handicapped. It has often been said that if you wish to witness the perfect gait you should study the manner of locomotion of the Foot Indian of the American prairies, and there is no doubt that the savage unshod races of the world are the most perfect walkers, because their gait is the effortless lope of the heel and the great toe, while civilized man too often shuffles on his way. Therefore, if foot troubles are to be avoided, we must teach our children how to stand and how to walk properly.

FOOTGEAR FOR THE CHILD

Perhaps I am in error in saying that we should teach them how to stand and to walk, for these are such primitive functions that they scarcely demand tuition; rather should I say that it ought to be our aim to protect our children against such conditions as may induce them to stand or walk incorrectly. And this leads me to my last point. What are the more important details regarding the coverings and the gear which a child should wear upon his or her feet?

I daresay some of you will be surprised if I say that even the innocent sock may be a source of trouble, and yet the accusation is true. The average

sock and stocking is knitted in such a way that its apex lies opposite the centre of the perimeter of the toe at a point corresponding to the third toe, and, moreover, footwear of this character is generally close-fitting, particularly when new and semi-elastic in character. Such a state of affairs is apt to lead to trouble, for its effect on the delicate and plastic foot of the child is to cause crowding of the toes, and particularly the outward deviation of the great toe. In other words, the early stages of hallux valgus may be instituted. The properly designed sock should be an accurate model of the foot which it encases, with its apex opposite the point of the great toe.

The importance of a well-fitting shoe is being increasingly recognized, but we still see a large number of instances in which the obvious principles are neglected. The ideal shoe, like the ideal sock, should be so designed that it presents a shape similar to that of the foot which rests within it. Its inner edge should be reasonably straight from heel to great toe, while the front of the shoe slopes outwards and backwards parallel to the perimeter of the toe points.

I fully appreciate that he will be a bold man who attempts to market a shoe which conforms to anatomical physiological lines, probably a foolish man too, for I imagine there are few who would purchase his wares, but I venture the prophecy that in the days to come when we have ceased to be the slaves of fashion and when our ideas of what constitutes true aesthetics conform to more natural lines, we shall adopt a shoe which does not distort the foot but encases it. The sole of the ideal shoe should be flexible and reasonably thin in order that the full function of the great toe may be exercised in walking.

And, lastly, what of the heel of the shoe? There is no doubt that the modern tendency to use high heels is a mistake. I suppose the practice originated in the futile attempt to add a cubit to our stature, but in attempting to do so we are returning to an experiment which was rejected by our ancestors millions of years ago. It seems as though we were putting back the hands of the clock, and seeking to regain something which a wise race of creatures regarded as a handicap in their progress. The effect of a high heel is to put the entire foot at a serious disadvantage. The axis of weight-bearing misses the heel bone and passes forward to a portion of the foot which was never designed to bear it—the heads of the metatarsal bones. If high heels were abandoned we would hear less about metatarsal flat-foot.

—*Reprinted from The Chiropodist* [*England*]

COLUMBUS, OHIO—1937

Columbus, Ohio, has been selected for the 1937 N.A.C. convention. News, program, and features will be published in subsequent issues.

The JOURNAL

OF THE

NATIONAL ASSOCIATION OF CHIROPODISTS

AND PEDIC ITEMS

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Published Monthly — **Subscription Price, $5.00 per year** — **50 Cents Per Copy**

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YOUR REWARD *by G. Earle Whitten, D.S.C., President*

If there is anything in this world that cannot be judged in terms of money paid for it, it is what an individual contributes to society.

Mae West, a buxom movie actress with platinum hair, specializes in an expansive sexiness and a rather ordinary humor characterized by wise cracks, one of the best known of which is "Come up and see me some time." She is what is often called a "box office smash." According to reports recently released, her salary amounted to over $480,000 last year.

Dr. W. Stanley, 32 year old researcher, is a member of the Rockefeller Institute at Princeton, New Jersey. He has just made a tremendously important discovery that promises to protect millions against influenza, infantile paralysis, and other dangerous virus diseases. His work is said to be as significant as that of Pasteur. For his efforts, Dr. Stanley received a scientific award of $1,000 last month. This amount, together with his salary, is only a small fraction of what Mae West received.

Many other such cases could be cited, showing a great disparity in rewards from a monetary standpoint. Much could be

said regarding such examples, but the point should be very clear to all of us.

Your reward and my reward for our activities in an important public service will never be great as far as money is concerned. But we must be content with the satisfaction that we are filling an important station in the progress of society. When we entered upon our career, we assumed the responsibility attached thereto, and we should let nothing interfere with our performance of this duty in the best possible manner.

A necessary factor in the performance of our duty is the education of the public regarding our services which we have to render. This cannot be done satisfactorily by the individual but must be done collectively. Therefore, this is another important reason for chiropody cooperative organizations. What part are you playing? Give it some thought.

The Public Information Committee of the National Association, headed by Dr. C. P. Beach, 1501 Euclid Avenue, Cleveland, Ohio, is well prepared to assist any state organization or individual members in public education work. They have numerous pamphlets which they are prepared to furnish in reasonable quantities. Dr. Beach, who has conducted this committee work in previous years, has a well planned program for you, and I urge our members to take advantage of this service. The public will appreciate your interest in them, and it will be very advantageous to you as an individual chiropodist.

Also, we have the Bureau of Visual Education, under the direction of Dr. Louis Lewy, 17 E. 38th Street, New York City. This bureau has lecture slides and motion pictures for the use of all affiliated state societies in conducting lecture work before any lay audience, either children or adults. This service also is yours for the asking.

The Public Relations Committee, in charge of Dr. W. S. King, 123 So. Main Street, Memphis, Tennessee, is for the purpose of bettering relations between chiropodists and manufacturers of shoes and medicaments. The efforts of this committee have resulted in splendid cooperation from numerous firms mentioning "See Your Chiropodist Regularly" in their advertisements. This work is being actively conducted, and through national advertisers will reflect on public education in your vicinity.

All of the aforementioned services should be taken into account at your local chiropody meetings, and I ask you to submit any recommendations for their improvement whenever you see fit. We want to help you, and also solicit your cooperation.

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MEMBERSHIP IS A DUTY AND PROMOTES PROGRESS

WHAT IS ASSOCIATION-SOCIETY? Both are defined as "a number of persons united for a common interest." What is the common interest? Briefly, to obtain and enjoy the best for our profession by merit, may well state the case.

On the bottom of page 24 in the December issue of our Journal there appears the following paragraph:—"Chiropody's problem can only be best solved by the profession itself. If the solution comes any other way it is a foregone conclusion that it will not be to the advantage of the Chiropodical - Podiatric profession." This concerns us. You and me.

Our legislative efforts for the past quarter century prove decisively and beyond any doubt that when others have offered a solution to us by legislating their beliefs, we suffered and were assigned every place but the one we have earned. Who suffered? We did. You and Me. What was the solution? A combination of thought, a planning of policies, a plotting of scientific progress, followed by progressive law, through a group of practitioners united for a common good, contributing their time and effort to the tasks. That was a combination of thought by those best suited to judge their needs, chiropodists. Not others than the profession. A corporation does not call upon an artist to solve its financial problem. A government does not call upon a gun manufacturer to demobilize its army. An engineer does not hail an auto mechanic to his consultation table when he is about to build the largest bridge in the world. All these call upon the experts in their field to find their solution. Chiropody-Podiatry therefore, can hardly expect results that will be beneficial if the

uninformed or oppositionists are to offer the solution. The organization of the majority of the chiropodists in the nation become the experts. The majority of the minds in the profession, the N. A. C. and its affiliated state societies are the experts who know how to advise the states for the proper protection of the public and the deserved and needed progress of the profession.

There have been and still are many objections to our present organization. Let's be frank. We know it. We strive to answer them all satisfactorily. Resignations have been charged to these objections, and reasons for non-membership have been often given as complaints. Our errors and objectionable features have even become inspirations for some to begin rival or opposition organizations. We wonder if the thought that these errors may be charged to the objector and non-member has ever occurred to them. Was it not because volume in membership was lacking, that any one individual or any one group stood out above the others in the nation and therefore attracted the spotlight to its doings, and doubly so to what proved to be errors. And then too, despite all these errors, is there another combination of professional men in the history of the professions that has accomplished as much in as short a space of time? The gravest error, however, is committed by those who believed their solution the correct one and therefore refrain from giving the full support to the policy adopted. The result of the lack of such support is simply that instead of gaining some part of that program in a combined effort, neither group gains anything and progress is halted.

Unproportional representation in the N. A. C. and political cliques has also been given as reasons for non-membership. Yet a close examination of our history will find that these matters are constantly corrected in Houses of Delegates, and that cliques are slowly and very securely meeting the fate that all such ambitions meet in these more enlightened days of controversy and stress. The sad beholding is that those who have loudly objected to this are in most instances the clique leaders in outside organizations.

It is not our purpose to be caustic, it is rather to call our attention to some of the inequalities of "human nature" since we hardly believe that these friends realize that such is the case. Our only purpose is to try to cause a pause for thought, a pause for calm weighing of the facts, a pause for a reconsideration of the problems still confronting us and whether our method is the right one. Amongst those actively engaged in condemning our organized effort are those who could, by their ability and perspective, help us and themselves tremendously if they would only hitch themselves up to one strong team, rather than carry the load alone or on a creaky wagon. The fact that there are other organizations proves that the philosophy of organized effort is reasonably present but that it is not concentrated to do the most good. It must also be said that any organization serves its purpose, and is to be encouraged. There is not need for discontinuing any of them, but there is a need for one strong welfare group, without the active opposition of all others.

Through all these periods of dissatisfaction and malcontention, one thing that stands out glaringly to prove the need for united organized effort for a common purpose is that progress is always being made, even though it be slackened. Association-Society, is a number of persons *united* for a common interest. Membership *is* a duty and promotes progress.

ORGANIZATION COMMITTEE

California reports that the Sacramento-San Joaquin Division of its state Society has a 100% membership. Ten chiropodists within this district and all ten are members.

Tennessee reports that the next fiscal year is to have 100% membership for the city of Memphis. This is guaranteed and the dues are on hand. In the next issue we will tell you how it was done, if we have permission.

Florida reports a 33 and 1/3 percent increase in membership, because of its excellent zone meeting and Convention.

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LEGISLATIVE COMMITTEE

CONNECTICUT:

The president and legislative chairman, Jno. D. Walker, of the Connecticut Pedic Society reports Connecticut is contemplating legislation at this session providing a chiropody examiners board, appointed by the governor, and comprising three chiropodists. This amendment would remove two medical men who dominate the present three men board, and would take the appointive authority from the Commissioner of Health.

The bill will provide for future chiropodist licensee to take basic science examinations before taking the Board examination which procedure is already required for medical, osteopathy, etc. The Commissioner of Health in Connecticut has introduced two bills, House Bill No. 637 and Senate Bill No. 423 which are intended to take from the chiropodists the right to practice electro-therapy which will seriously curtail their treating functional disturbances of the feet. If these bills should pass we would be unable to apply strappings above the ankle. It is needless to say the Connecticut association is out to defeat these two drastic bills.

PENNSYLVANIA:

Pennsylvania has sponsored a new chiropodist bill to define chiropody and to establish a State Board and provide proper penalties for violations of the Act. Pennsylvania is also fighting an amendment to the hairdressers, barbers and beauticians Act which is sponsored by the Hairdressers Association, and which if passed will permit beauty operators to cut and beautify nails, massage feet and cut corns. This bill, to date, has not been introduced, but your legislative chairman has been informed that introduction of same will be made very soon.

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INSURANCE

There has been considerable agitation in regard to mal-practice insurance.

Inquiry into this question has revealed to us that Lloyd's of England are not licensed to sell insurance in the majority of the states. While this company has offered a policy to the chiropodist at a lower rate than we have had and while the company is no doubt sound financially, it might, in case of a suit, be necessary to go abroad to fight it.

It is the opinion of the committee investigating the insurance question that you maintain your policy with the U. S. F. & G. Co.

Further information will be published at a later date.

N.A.C. INSURANCE COMMITTEE
NEIL C. MACBANE, CHAIRMAN

●

COMMUNICATION

TO THE EDITOR:

My attention has been called to an item captioned "Cult Alliances Are Dangerous" appearing on page 23 of the N.A.C. Journal, Volume 27, Number 2, February, 1937, wherein my name appears in the following statement—"If you wish to fight H—— and his crowd who are being helped by Stickel for Scholl, then you must get the respect and support of the medical profession . . . ".

I will appreciate a correction of this misinformation on the part of your anonymous correspondent who apparently can offer no evidence that I "help anyone for Scholl". If my humble assistance was of value in any instance, then it was rendered in behalf of the Illinois College of Chiropody and Foot Surgery or the Chiropody profession generally, or perhaps more accurately, in the interests of both.

I trust your correspondent's better judgment in this case was modified somewhat, due to his apparent lack of available information.

Very truly yours,

(signed)
DR. WILLIAM J. STICKEL, Dean
ILLINOIS COLLEGE OF CHIROPODY AND FOOT SURGERY

●

CALIFORNIA STATE ASSOCIATION OF CHIROPODISTS, INC.
Northern Division
Office of President
Feb. 17, 1937

TO THE EDITOR:

After reading the February issue of the JOURNAL this morning I became so impressed by the spirit of cooperation which pervades the many pages of the Journal, that I felt it would only be proper to compliment the many individuals whose ideas and ideals were printed on the pages of the JOURNAL.

It has never been so forcibly brought to my attention that I was a unit in the national organization due to my affiliation with my state society. If such a deep impression was made on me, I can only speculate how greatly that issue of the JOURNAL will affect the thoughts of non-affiliated members of our profession. I believe that it would be an opportune time for all the state societies to follow up the wedge driven by the JOURNAL into the ranks of the non-members, and urge all ethical practitioners to join their state society.

Please compliment Dr. John J. Mueller for the very forceful article he wrote. His picture of our profession was presented frankly and concisely, wholly in an explanatory manner rather than by an argumentative method.

Keep up the work you have just commenced, and I know that the membership will cooperate with you.

Cordially yours,
R. G. JOHANSON, D.S.C.

●

ACADEMY OF PODIATRY

THE 176TH MEETING of the Academy of Podiatry was held Thursday, February 11, in Squibb Hall, New York City. The new administration celebrated its 20th anniversary with a very impressive scientific program. President Grossman gave a comprehensive description of the metatarsal region in connection with anatomic structures involved in metatarsalgia. Papers were read by Vice-President L. Lewy, and Secretary-Treasurer, S. Lewy. "The Child's Foot and the Podiatrist" was the subject of a paper read by William Dornstriech. It was the opinion of those present that this paper was one of the finest contributions to the scientific program ever to be read before the Academy.

The scientific program for this meeting included Toe Casting and Liquid Rubber Technique by William H. Woolf and Robert Cohen; Local Anesthesia in Ankle Sprain by Herman Sonderling and R. H. Gross; Know Thy Shoes by Amiel Caplan, A. Berger, and L. Lewy; A Case Report by Martin Blass, J. Klaar, and F. Baer; A biographical sketch of William Harvey, M.D., was given by A. V. Engel.

Plans are in preparation for the establishment of section groups within the Academy, each section to be headed by a section chairman. Department heads have been announced for the following groups: Roentgenology and Photography, Practical Podiatry, Dermatology, Library, Surgery,

Pharmacology, Massage and Electro-Therapy and Shoe Therapy. Academy members may join any of these groups by making their selection known to the president.

TEMPLE ALUMNI

A MOTION PICTURE, "Dissection of the Lower Extremity" was shown at the regular meeting of the Alumni Association of the School of Chiropody, Temple University, held January 19th, at 9:00 P.M., when a new type of program combining a business session and a scientific feature was inaugurated. Dr. Theodore Engel, President, states that this type of meeting will be continued throughout the year. The film that was shown by Dr. Frank Carleton demonstrated a complete dissection of the lower extremity by Dr. Warren Sterling assisted by Dr. Elmer Harford who explained the procedure during the showing. At the next meeting which will be held the third Tuesday in March, Dr. Arthur Rappaport will discuss and show x-rays of unusual orthopedic cases treated at the Chiropody Clinic. All chiropodists are cordially invited to attend this meeting.

PROPOSED AMENDMENTS TO CONSTITUTION AND BY-LAWS PODIATRY SOCIETY OF THE STATE OF NEW YORK

To be acted upon at the Rochester Convention May 30th, 31st, and June 1st, 1937

Presented by the Albany Division.

CONSTITUTION—Article VIII—Dues.

Strike out present Section 1 and in its place put the following:

A DIVISION MAY, THROUGH THE PROVISIONS OF ITS BY-LAWS, OR THROUGH A TWO-THIRDS VOTE OF THE MEMBERS PRESENT AND VOTING, AT A REGULAR DIVISION MEETING, AFTER NOTIFICATION TO ITS MEMBERSHIP, PROVIDE FOR THE PAYMENT OF AN INITIATION FEE OF TEN ($10.00) FOR MEMBERSHIP IN THIS SOCIETY. THIS FEE SHALL BE WAIVED IN CASES OF GRADUATES OF A RECOGNIZED SCHOOL OF PODIATRY, OR IN THE CASES OF APPLICANTS WHO HAVE PASSED THE EXAMINATIONS OF THE NEW YORK STATE BOARD OF PODIATRY EXAMINERS, PROVIDING SUCH APPLICATION FOR MEMBERSHIP IS MADE WITHIN ONE YEAR OF THE APPLICANT'S REGISTRATION, AND IN THE CASES OF APPLICANTS OF FORMER MEMBERS OF THE SOCIETY WHO HAD RESIGNED IN GOOD STANDING. THIS INITIATION FEE SHALL REMAIN THE PROPERTY OF THE DIVISION THROUGH WHICH THE APPLICANT AFFILIATES.

Presented by Kings County Division:

Portions in parentheses are to be omitted—CAPS MATTER IS NEW.

BY-LAWS—Chapter 1, Section 4:

Life Membership (shall) MAY be conferred on any MEMBER chiropodist (sixty-five years of age or over), who has been a member of the Society for a period of twenty-five consecutive years, providing his or her practice has been conducted in accordance with the Code of Ethics of the Society. EXCEPT IN SUCH CASES OF MEMBERS WHO HAVE BECOME INCAPACITATED THRU ILLNESS OR OTHERWISE AND WHO UPON THE RECOMMENDATION OF THEIR RESPECTIVE DIVISIONS FOR DISTINGUISHED SERVICE TO THE SOCIETY AND/OR THE PROFESSION HAVE, AFTER INVESTIGATION BY A COMMITTEE OF THE SOCIETY, BEEN FOUND TO MERIT SUCH PRIVILEGE.

Obituary

OTTO F. SCHUSTER

OTTO F. SCHUSTER WAS BORN MARCH 16TH, 1881, in Hamburg on der Elbe, Germany, the son of Otto R. and Wilhelmine Meier. His only brothers were Reinhold, who is deceased, and Richard, who resides in New York City and is a member of the faculty of The First Institute of Podiatry.*

At the age of 14, Otto F. Schuster became apprenticed to a mechanic in his native town and at age 20 he was entitled to the distinction of master mechanic, in which role he entered the Medico-Mechanical Institute of Hamburg, where he became proficient in the medico-mechanic, hydro-therapeutic, helio-therapeutic and electro-therapeutic forms of treatment for foot and leg ailments. After a brief service in these activities, he was transferred to the orthopaedic department of the same Institute.

From 1903 to 1905 he served in the German Army Hospital Corps, spending much of his time doing research in the mechanical reduction of contractures and in 1906 he came to the United States, locating in New York City, and marrying his fiancee, Marie C. Wendt.

In 1907, at the instigation of some of the leading orthopaedic surgeons, he established a firm manufacturing orthopaedic appliances. On May 16, 1907, his son Otto N. was born and on August 8, 1908, his son Edward R. was born.

In 1909 he became interested in the mechanical correction of foot ailments and devoted two years to the study of these conditions at Roosevelt Hospital.

Orthopaedic surgeons recognized his ability and utilized his services in connection with their treatment of foot conditions and his mechanical ability, coupled with his thorough knowledge of the anatomy of the lower extremities, made him a desirable adjunct to these practitioners in their treatment of their patients requiring adjustments, appliances and other mechanical aids.

In 1911, after some preparation, he passed the examination of the Pedic Society of the State of New York and received his license to practice that branch of the Healing Art.

In the old New York School of Chiropody, he became lecturer on the mechanics of the foot and when the present First Institute of Podiatry came into existence under the name of the New York College of Chiropody, he was continued on as Professor of Chiropodical Orthopaedics.

From time to time, as contributing editor, he supplied articles for "The Podiatrist," "Pedic Times" and the "Journal of the N.A.C." In 1918, on behalf of The Pedic Society of the State of New York, he went to Albany for the purpose of making efforts to enlarge the definition of the practice of podiatry, and his energy, and convincing manner, satisfied the Medical Society of the State of New York, through the Chairman of its Legislative Committee, as well as the legislature itself, of the wisdom of including the mechanical defects of the human foot as a rightful feature of podiatry practice.

In 1923 he invented the calf-muscle stretching machine and during that year he wrote several articles for medical journals. In 1927 there appeared his invaluable work, "Foot Orthopaedics" on which he had been engaged for a period of eight years.

*Richard H. Schuster, Director, Department of Mechanics at The Institute, brother of the late Otto F. Schuster, died suddenly, January 31st. His loss is not only a personal grief to his colleagues, but is a distinct loss to our teaching staff since he was a past-master in the instruction he imparted to our students.

He lectured at practically every N.A.C. Convention up to 1930, when because of illness, he found himself unequal to this task.

From the time that The Foot Clinics of New York became associated with The First Institute of Podiatry, Professor Schuster was the leading spirit in the development of the former unit. Up to the time of his death he was continuously a member of the Board of Trustees of The Foot Clinics and was Chief Clinician and Chairman of the Clinic Commission.

His remarkable executive ability, together with his indefatigable application to the needs of the poor who were foot sufferers availed to establish a high standard relative to the conduct of the Clinics, both from a social and from a humanitarian viewpoint, and for all the years of the existence of The Foot Clinics of New York, largely through his efforts, the highest rating has been accorded the Clinics by the State Board of Charities and by their successors, the State Department of Social Welfare.

As a lecturer, he was earnest, impressive and essentially scientific. Although his voice, in addressing gatherings, whether of professional men or of students, was somewhat low, the quietude which was always maintained when he was on the rostrum was such that no single word of his remarks was lost to his hearers.

During the past two years, although unable, by reason of illness, to carry on in the Clinics and on the lecture platform, his interest in both The Institute and the Clinics was unflagging. Any move of any kind in contemplation, was acted upon only after consultation with Professor Schuster. Inquiries made of him through correspondence, when these could not be made in person, were religiously answered in extenso by his enfeebled hand, and only two days before his demise, there came a letter of two pages in his own handwriting, passing upon a question that had been put to him relative to Institute matters.

Because of his fine personality, he was enabled to surround himself with a group of men and women as Associates in the Clinics and on the faculty who were so loyal to him that no favor that he asked of them was ever too much for his disciples to accord him. Because of this loyalty, the Clinics and the Orthopaedic Department of The Institute stand out today as models of efficiency of the highest order.

Although frank and outspoken in connection with all matters which came under discussion with him, his honesty of purpose and of speech was at all times so apparent that even those with whom he disagreed, whether socially or professionally, had the utmost respect for him. In turn he was loyal to his friends and rather indifferent to those who were not in this category. The sham of an individual or the unethical conduct of a practitioner were anathema to him and those who sinned on these scores, whether friends or simply acquaintances, readily learned of his attitude of mind relative to their derelictions.

The writer had known Otto F. Schuster for a quarter of a century. As years rolled on this intimacy grew, but at no stage of this cycle was there ever a time when, if viewpoints differed, that he did not feel himself free to express himself as decidedly as he knew how. Occasionally we were at decided cross-purpose, but at the outcome of our discussions, we remained friends, our method being to be convinced or to convince.

In life's travels friendship is a wonderful asset. Those who knew Otto F. Schuster in that relationship recognize a void by reason of his death. His memory will last with those who knew him best, throughout their existence, in loving remembrance. He was a real man!

MAURICE J. LEWI, M.D.

OTTO F. SCHUSTER

Our beloved teacher, friend and advisor has passed to the Great Beyond and we feel ourselves bereft of language to give proper expression to our grief.

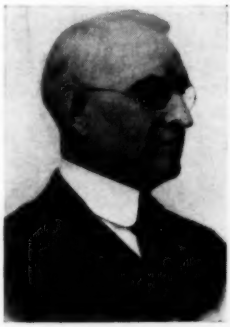
His was a towering figure in the upbuilding of podiatry. His masterful conception of the scientific background essential to the proper development of foot care was constructed on a basis that sought avenues of relief for the foot-afflicted poor who, because of their inability to carry on as breadwinners were handicapped in the race of life. And so, his executive talents were applied in making The Foot Clinics of New York a harbor of relief for these tens of thousands of sufferers who now crowd the facilities of the Clinics.

No shaft of granite, no statue of bronze can adequately express the sense of loss we, his pupils, have sustained. History will record his achievements. We will carry our memory of him in our hearts and our tongues will express our admiration of him as man, as sponsor, as citizen and as giant in his profession until we too will have joined the Great Caravan from which no traveler returns.

THE STUDENT BODY OF THE FIRST INSTITUTE OF PODIATRY

Obituary

DR. U. E. WHITEIS



ON JANUARY 30TH, there departed from our midst one of the finest figures in Chiropody, beloved and respected by all, Uriah Elisha Whiteis. His was a life unique in this present day. He had a religion and lived it. He had a profession and loved it, and loving it he was always present at conventions or whenever there was a possibility of doing anything for Chiropody.

Born January 4th, 1864, in Iowa, his early life was filled with the hardship and struggles of the pioneer. His first schooling obtained in a cave he helped to dig in a creek bank, was followed by attendance at the Battle Creek College. He was graduated from the Sanitarium School for Nurses. His interest in foot problems led him to take a course in The Dr. Kahler School and later a Post-graduate Course at the New York School of Chiropody, 1914-1915.

Actual practice in Chiropody extended over a period of nearly thirty years and continued to within two weeks of his death. Dr. Whiteis was one of the early members of the Ohio Association. He was elected President, a position which he filled with honor and dignity from 1921 to 1924.

An attendant at nearly all the N.A.C. Conventions since its organization, he represented the Ohio Association as delegate on many occasions. In appreciation of his services to the Association he was made an honorary member, which honor he accepted at

. . . *Please turn to Page 33*

Why Join the N. A. C.?

. . . Reading from Page 5

and yet we are faced with the same problems, only because every single member of our profession was not part of our base and building.

Let no Chiropodist, he or she, feel that one membership is not important enough to matter, that one more member doesn't help conditions materially. Nothing could be further from the truth. There are more than three thousand jobs to perform immediately if our progress is to be promoted, and each of these jobs must be done by the member, just as one has been given to each practitioner who is now a member. All of them concern our future and our place in the changing social scheme.

Certainly there are reasons why you perhaps do not care to join. But, is the reason worthy in face of the needs of your profession or is the reason one of disagreement with your Association's selection of policy? You will agree, I am sure, that no personal reason you can hold will be more worthy than the need to protect and promote your profession. The Association and its affiliated state Societies have been doing that in the best way they know and cannot be censured if its way has not been yours, when you have not been present to propound your way. If you disagree with policy, with conduct or whatever your point of disagreement may be, certainly no correction can come by dropping your own profession completely in so far as support for its problems are concerned. That is precisely why every single member of our profession has a definite job to perform as a member of the Association that represents his profession. Your thought and your knowledge is just as necessary as the next fellow's and must be available if the objections are ever to be removed.

THE NATIONAL ASSOCIATION OF CHIROPODISTS

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●

Pes Planus

. . . *Reading from Page 9*

in order that it may place the body weight upon the calcaneus, where normally it should be. In order to accomplish this, the talus must rotate inward and downward. Whereas the os calcis met with but little opposition in its rotation, the talus is checked by the lateral malleolus (to a mild degree), the talocalcaneal ligament, the flexor hallicus longus muscle, and the astragalo-scaphoid capsule. This latter structure consists of a blending of the anterior fibers of the deltoid ligament with those of the interosseous calcaneonavicular. As strain persists, the muscular structures are the first to give way. The stress is thus thrown upon the ligaments, chiefly the "spring" or interosseous calcaneonavicular, and to a lesser degree, the talo-calcaneal and the deltoid. Eventually the ligaments weaken. When the spring ligament fails, bodyweight forces the talus downward, inward, and forward, and the strain is transferred to various other *plantar* ligaments. Up to this point, no mention has been made of the various other parts of the foot. These shall now be viewed. When the talus goes down, it pulls the navicular into eversion also. The cuneiforms likewise go down, to a lesser degree (but these evert very little if at all), the fore-foot everts and abducts, and the first metatarsal is forced against the plane of support. As this malposition continues, there is a gradual extension of the first metatarsal. Also, the four outer metatarsals

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attempt, by a downward rotation, to maintain the normal tripod stance of the foot. The faulty posture which the foot has assumed causes a change in the pull of the peroneus longus muscle. Normally, this muscle by its tension on the under surface of the first cuneiform and the base of the first metatarsal, holds the anterior pillar of the inner arch firmly fixed against the ground. However, with the fore-foot in eversion, the pull of the peroneus longus is almost directly lateral, and the naviculo-cuneiform joint is subjected to great strain. A break finally occurs at this joint, and with this break, the inner longitudinal arch gives way, a functional impairment ensues, and the condition known as Pes Planus is said to exist. The naviculo-cuneiform break is also due, in part, to the shifting of the streams of force which results when foot equilibrium is disturbed. With this shift, the medial arch is subjected to more stress than normally it is capable of coping with, and the "false load" which it bears exaggerates the deformity.

Pes Planus in children varies slightly from the type seen in adults, not so much in the actual deformity, but in the means of compensation. Whereas the adult compensates for his everted fore-foot by a downward, rotary movement of the outer metatarsal bones; the attempts of the child to accomplish readjustment are made through a different channel, namely, fore-foot adduction. This procedure is possible in the child, due to the marked flexibility that his foot possesses. This adduction factor accounts for the so-called "pigeon-toed" gait which is so frequently associated with juvenile flat foot.

The condition known as "shortened heel cord", in which the tendo achilles is shorter than normal, is practically always associated with flat foot. The etiological factor here is usually a high heeled shoe which holds the triceps suræ in a state of chronic contraction. This position necessitates a decrease in the length of the muscle, since the area over which it must work is not as large as formerly, and when acting in the capacity of an antagonist, it is unable to relax sufficiently, with the result that the normal degree of flexion at the ankle joint is unattainable in the normal manner. Flexion cannot be made via this joint as it could before the deformity came into being, since the contracted triceps will not permit it. Hence this action must occur at the next best joint, which is that between the talus and navicular, since it is a "ball and socket" joint and allows free motion in several directions. Flexion at this joint is, however, abnormal and constitutes a strain phenomenon which if allowed to continue, will, by forcing the talus below its normal level, contribute materially to the production of the deformity known as Pes Planus or flat foot.

A case of Pes Planus, when allowed to continue over some period of time, presents certain noteworthy changes in the pelvis and spinal column. When one foot is depressed, the pelvis displays a lateral tilt in order to compensate for the shortening which ensues. As the pelvis tilts, it carries with it, to a certain extent, the spinal column. The region of the column most affected is the lumbar section. This now assumes a position of scoliosis. When the depression is bi-lateral, the following phenomenon occurs: the tibias rotate inward, the femurs outward, and there is a forward tilting of the pelvis. In this instance, the points of wear and tear on the spinal column are at the lumbo-sacral, the lumbo-thoracic, and the cervico-thoracic joints respectively. The position assumed is one of exaggerated lumbar lordosis with thoracic kyphosis, and is often a part of the clinical picture of advanced Pes Planus.

BIBLIOGRAPHY:

Steindler—"Mechanics of Normal and Pathological Locomotion in Man".

Jones and Lovett—"Surgery of the Bones and Joints".

Whitman—"Orthopedic Surgery".

Schuster—"Foot Orthopædics".

Morton—"The Human Foot".

422 W. SPENCER AVENUE

●

Obituary

U. E. WHITEIS

. . . *Reading from Page 29*

a banquet tendered to him on his 70th Birthday.

Services held at the Adventist Church in Columbus were attended by Drs. L. R. Thompson, Corry Hughes, H. R. Collins, Wilson, A. Zipser, Yinger, Allison, R. T. Gill, J. M. Yarnell, and Dr. Palestrant representing the Central Academy of Chiropody, and by Dr. C. P. Beach representing the State and National Associations.

His precept and example will ever remain an inspiration to those who had the privilege of knowing and associating with him.

The sympathy of the Association goes to Dr. D. E. Whiteis and family. Dr. D. E. Whiteis will continue his father's practice in Columbus.

●

ADDITIONS TO 1936 NATIONAL DIRECTORY

*Associate Member.

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Draper, W. L.....515 Farley Bldg.
Wieber, M. M.....First National Bk. Bldg.

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Auburn

*Joseph, H. M.....1140 High St.

Carmel-By-The-Sea

Craig, Bronna M.....Ocean near Lincoln

Los Angeles

Cranston, A. D.....510 So. Spring St.
Price, W. H.....801 So. Broadway

Oakland

Hewitt, L. E.....H. C. Capwell Bldg.
Shiels, A. D.....1744 Broadway
Silva, A. L. .....1615 Broadway

Pacific Grove

Craig, F. D.....572 Lighthouse Ave.

Pasadena

Sahlsten, E. V.....261 E. Colorado

Sacramento

O'Brien, E. T.....303 Nicolaus Bldg.
*Gottfried, S.....Ochsner Bldg.

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Kyle, D. H.....166 Geary St.
Qualman, C. W.....177 Post St.
*Shaffer, M. E.....291 Geary St.
*Shaw, B.....The Emporium
Sheppard, M. B.....146 W. Portal Ave.
Snoute, P. .....883 Market St.
Wagener, F. M.....693 Sutter St.

San Jose

Raphael, C.....Bank of America Bldg.

Santa Ana

Sherrard, L.....203 Spurgeon Bldg.

Santa Monica

Hanks, E. D.....1424 4th St.

Santa Rosa

Agnew, A.....525 Rosenberg Bldg.

Stockton

Gianelli, L. J.....205 Medico Dental Bldg.

Whittier

Martin, M.....101 E. Philadelphia St.

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Boulder

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Denver

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McAllister, C. W.....932 15 St.
McAllister, M. F.....232 15 St.
Tripp, N. F.....1526 Penn St.

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Rocky Ford

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Jablon, V.....229 Main St.

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*Shuffle, C. W.....705 12th St., N. W.

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*Levey, Wm.....112 No. Beach St.

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*Hackel, C.....327 St. James Bldg.
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Thomson, R. C.....George Washington Hotel

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Hurd, E. B.....32 S.E. First Ave.

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Sarasota

*Halton, R. E. ..... 313-15 So. Palm Ave.

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Brownsey, E. G. ..... 715-19 Stovall Bldg.

Winter Haven

Lindley, R. E. ..... Postal Bldg.

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Bender, F. V. ..... 123 Peachtree Arcade
Bookhammer, S. A. ..... 23 Cain St. N. E.
Bookhammer, Wm. H. ..... William Olive Bldg.
Hamilton, Jas. F. ..... First National Bk. Bldg.
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Cluster, W. J. L. ..... 1114 Leland Ave.
Connor, Emily R. ..... 120 So. State St.
Cook, Margaret B. ..... 4017 W. Madison St.
Epstein, M. ..... 108 No. State St.
Evan, F. G. ..... 5349 No. Sheridan Rd.
Galler, S. ..... 4722 Broadway
Goldenstern, A. B. ..... 1459 E. 53rd St.
Hart, G. J. ..... 108 No. State St.
Hartley, H. R. ..... 1625 Columbia Ave.
Johnson, M. ..... 843 Belmont Ave.
Katz, I. A. ..... 4748 So. Ashland Ave.
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Mottlowitz, H. ..... 3334 W. Roosevelt Rd.
Olander, R. E. ..... 29 E. Madison St.
Olsen, H. R. ..... 1551 No. Pulaski Rd.
Phon, W. M. ..... 4804 W. Madison St.
Powell, G. M. ..... 932 No. Michigan Ave.
Reizner, H. C. ..... 3157 W. Roosevelt Rd.
Rodgers, J. G. ..... Drake Hotel
Shetterly, M. B. ..... 4801 W. Madison St.
Schram, F. X. ..... 108 No. State St.
Sward, I. M. ..... 3460 Lawrence Ave.
Thompson, M. F. ..... 4013 Milwaukee Ave.
Tillstrom, B. F. ..... 1791 Howard St.
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Ward, C. T. ..... 1045 Wilson Ave.
Wiener, E. J. ..... 6254 So. Kedzie Ave.

Evanston

Rose, Ona ..... 1618 Orrington Ave.

Highland Park

Gordon, E. C. ..... 3640 Central Ave.

Matoon

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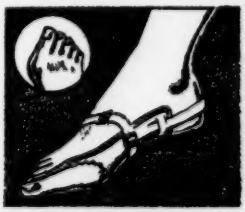

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